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<b>SEPA</b>	COMBINE
	Sen
網MoDNR	Mana

COMBINED NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

Send to: Management	-			
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125.9 Trans

				7 [99]		
For Official Use Only	Alifert Dig. 13 gener.	nents	Att	MISSOLINA GEMENT PERS		
C C				SOURT DEPARTMENT PROGRA		
Installation's EPA ID Nu	ımber	Approved (	Data Received	510		
EMOD985760	0872 T/A C			ST LOUIS		
I. Name of Installation	Bear of Son 16 18					
Connector	Casti	N95				
II. Installation Mailing Address		र्वे क्षेत्र कर्षे क्रांत्रिको न्	di menderakan			
	Street or	P.O. Box				
3 21110 HOWE	City or Town	T 997		tate ZIP Code		
St Lovis	MOI			063106		
III. Location of Installation		ta, <b>t.</b>		外保险的 经支票		
	Street or Re	oute Number	<del></del>	<del> </del>		
5 SAME				770.0		
4	City or Town			itate ZIP Code		
IV. Installation Contact						
	(last, first, and job title)			et (area code and number)		
FRAGALWI :	STEVE	PROJ	E3144	215895		
V. Ownership	r Market of William (Mill)	A PARKET				
A. Name (	of Installation's Legal Owne	<u> </u>	B. Ty	pe of Ownership (enter code)		
PETER FUV	9 57		211	P.		
VI. Type of Regulated Waste Activ  A. Hazardous Waste A		propriate boxes [	B. Used Oil Fuel A	13.) Providence and the second		
	ess than 1,000 kg/mo.	D & Off-Special	lication Used Oil Fuel			
2. Transporter		(enter 'X'	and mark appropriete bo	xes below)		
3. Treater/Storer/Disposer		I. u -	or Marketing to Bu	rner		
4. Underground Injection	445	109 who do 111	arketer			
5. Market or Burn Hazardous Waste Fu- (enter 'X' and mark appropriate boxe)			1			
a. Generator Marketing to Burn			ed Oil Fuel Marks s the Oil Meets th	ter for On site Burner)		
☐ b. Other Marketer☐ c. Burner	RCRA R	ECORDS	A film An Maket (U	* * ·		
/II. Waste Fuel Burning: Type of C	ombustion Davice	ter 'X' in all annenne	iate boxes to indicate type	of combustion device(s) in		
which hazardous waste fuel or off-specificat	ion used oil fuel is burned.	See instructions for	definitions of combustic	on devices.)		
A. Utility Boiler	B. Industri		C. Industrial	Furnece		
/III. Mode of Transportation (transporters only — enter 'X' in the appropriate box(es)						
A. Air B. Rail C. Highway	D. Water DE. O	ther (specify)	•			
X. First or Subsequent Notification	on Bassas Market					
Mark 'X' in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent otification. If this is not your first notification, enter your installation's EPA ID Number in the space provided below.						
br			C. Installation	's EPA ID Number		
A. First Notification B. Subseque	ent Notification (complete ite	im C)				

and the second	3000		ID - for 0	fficial Use On	ly	
		i Cu			1/9 1	
X. Description	n of Hazardous Waste	s (continued from	front)			
	A. Wastes from Manspecific Sources (F-List). Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous vaste					
from nonspecific	sources your installation handles.	Below each number, enter month)	y generation anount in p	ounds and frequen	cy code A. B. or C	
WASTE ID #		0098				
AMOUNT AND FREQUENCY	50 <sub>1bs</sub> A	50 lbs A	lbs.	***	lhs	
	ecific Sources (K-List). Enter					
specific sources	your installation handles. Below	each number enter the monthly	generation amount in pol	unds and frequency	CODE H. S OF .	
WASTE ID #						
AHOUNT AND FREQUENCY	lbs.	lbs.	lbs.	itaria.	lbs	
	mical Product Westes (8 and P L					
Apol tuztattario	n handles which may be a hazardous	Vaste, below each number, ente	r non-cuty generation and	Rest Williams and	Treatment # 3 // C.	
WASTE ID #						
AMOUNT AND Frequency	1bs	lbs.	lbs	46.	lbs	
p. (Reserved)						
	s of Hoolisted Nezerdous Vestes	Hark an 'd' in the house on	rracondina to the chart	ctaristics of ann	listed hazardous	
	allation handles. (See 40 CFR Parts					
expressed in pou	nds and generation frequency code f	1, 8, or C.				
,	1. Ignitable	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	rosive	3. Read (000		
AMOUNT AND	(0001)	1	02)	1000	<del>"</del>	
FREQUENCY	1bs		lhs		lhs	
	4. Toxic Enter the fou	entrempto table, as tipida transparante establica para para para para mentra en se atractica de la color de la	ندن دار مدنده در خانها خوانها نده در بایم میکانیان در در مدند با میکاند در	ALCONOMICS (1995) (1995) (1996) (1997) (1997)	waste Below	
	William Control of the Control of th	nter the monthly generat			A Commission of the Commission	
	***			27.45 (Pop.)	437 to 10 447	
AMOUNT AND						
FREQUENCY	lhs	lhs.	lbs.		lbs	
	HISS	OURI REQUIRED I	NFORMATION			
MO Genera	ator ID Number					
Principle	e Business Activity _					
1 :	de (leave blank if uncer	tain)				
ł i	s box if you generate	· •	an a regulated	quantity		
XI. Certifi	cation			191 4		
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and						
all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the						
information. I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.						
Signature	A CONTRACTOR OF THE PARTY OF TH	Have And Official Title	<u></u>	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Date Signed /	
1 9H	MERRANA	STEPILEN F	ZAGANI		7/30/91	